

PERMANENT RECORD

RECORDER
VANDERBURGH COUNTY
Z TULEY
2016R00024267
09/19/2016 10:49 AM
RECORDING FEES: 11.00
PAGES: 1

PETITIONER: DELI MUZ, LLC

ORDINANCE NO. R- 2016-19

TAX CODE(S) 02-06-03

30-029-038
005-029

AN ORDINANCE TO REZONE CERTAIN REAL ESTATE IN THE CITY OF EVANSVILLE, STATE OF INDIANA, MORE COMMONLY KNOWN AS 706 COURT STREET, EVANSVILLE, IN 47708
(Here insert common address)

BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF EVANSVILLE, INDIANA, AS FOLLOWS, TO WIT:

Section 1: That Ordinance no. G-82-51, being the Municipal Code of the City of Evansville, Indiana, 1982, and more particularly Title XV, Chapter 153, by making certain changes in Atlas 1, which is made part of said section with respect to the following described real estate located in the City of Evansville, Vanderburgh County, State of Indiana:

Stockwells ENL Block 19 Part 22, 23-31
by changing the zoning classification of the above-described real estate from C-4 to C-2, and said real estate is hereby so rezoned and reclassified.

Section 2. The Director of the Area Plan Commission of Evansville and Vanderburgh County is hereby authorized and directed, upon the enactment and approval of this ordinance, to cause the change to be made on said Atlas 1 as set out in Section 1 of this Ordinance, and to make notation in ink thereon of reference to the number of this ordinance and the date of final publication of the amendatory ordinance after its passage and approval; however, failing to do so shall not invalidate this Ordinance.

Section 3. This ordinance shall be in full force and effect from and after its passage by the Common Council, its approval by the Mayor, and its publication as required by law, which publication is now ordered.

Passed by the Common Council of Evansville, Indiana, on this 12 day of Sept, 20 16.

ATTEST:

Gina Windhorst
City Clerk

[Signature]
President

Presented to me, the undersigned, City Clerk of the City of Evansville, Indiana, to the Mayor of said city, the 13 day of Sept, 20 16.

Gina Windhorst
City Clerk

Having examined the foregoing Ordinance, I do now, as Mayor of the City of Evansville, Indiana, approve said Ordinance, and return same to the City Clerk this 15th day of Sept, 20 16, at 10 o'clock am.

THIS INSTRUMENT PREPARED BY: KNEEL

[Signature]
Mayor of the City of Evansville, Indiana

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless it is required by law.

Gina Windhorst
(Name)

FILED

JUN 13 2016

Gina Windhorst
CITY CLERK



Site Plan

Property Address: 706 Court St Applicant Signature:



June 13, 2016

PERMANENT RECORD

VERIFIED PETITION FOR REZONING

2016-20

-PC

ORDINANCE NO. R- 2016-19

COUNCIL DISTRICT: WARD 4

Connie Robinson

PETITIONER DELI MUZ, LLC

PHONE (812) 250-4414

ADDRESS 220 N.W. 8TH ST, EVANSVILLE

ZIP CODE 47708

OWNER OF RECORD DELI MUZ, LLC

PHONE (812) 250-4414

ADDRESS 220 N.W. 8TH ST, EVANSVILLE

ZIP CODE 47708

- Petition is hereby made for the amendment of the "Zoning Maps" of the Area Plan Commission of Evansville and Vanderburgh County, pursuant to the Indiana Code and the Municipal Code of Evansville.
- Premises affected are on the NW side of Court St a distance of 40 feet
(N, S, E, W) of the corner formed by the intersection of Court and MLK Blvd
Registered Neighborhood Association (if applicable) Downtown

LEGAL DESCRIPTION:

SUBDIVISION Stackwells Est BLOCK 19 LOT NO. 20, 23-31
(where applicable - if not in a subdivision, insert legal here or attach to ordinance)

- The commonly known address is 706 COURT STREET
- The real estate is located in the Zone District designated as C-4
- The requested change is to (Zone District) C-2
- Present existing land use is OFFICE AND RESIDENTIAL
- The proposed land use is OFFICE AND RESIDENTIAL
- Utilities provided: (check all that apply)
City Water ☒ Electric ☒ Gas ☒ Storm Sewer ☒
Sewer: Private ☒ Public ☒ Septic ☒
- All attachments are adopted by reference.
- The owner, or attorney for the owner, hereby certifies that the owner of record shown above owns 50% or more of the area of the above described real estate. I affirm under the penalties for perjury that the foregoing representations are true.

(REQUIRED) Signatures:

DATE 6/13/2016 PETITIONER Kurt Eckert for Delimuz, LLC
(when signed) PRINTED NAME KURT ECKERT for Delimuz, LLC

DATE 6/13/2016 OWNER OF RECORD Kurt Eckert for Delimuz, LLC
(when signed) PRINTED NAME KURT ECKERT for Delimuz, LLC

REPRESENTATIVE FOR PETITIONER
(Optional)

NAME KURT ECKERT
ADDRESS/ZIP 706 COURT ST, EVANSVILLE, IN 47708
PHONE (479) 414-5739

FILED

JUN 13 2016

Anna Windhead
CITY CLERK

706 COURT ST Site map



CITY REZONING AFFIDAVIT

STATE OF INDIANA

COUNTY OF VANDERBURGH

SS:

Date: 6-13-16Docket Numbers: 2016-20-PC
R-2016-19

I, (PRINTED name) KURT ECKERT, hereby affirm under the penalties of perjury that I have mailed letters containing required information about a rezoning at (Address) 706 COURT ST, to the following property owners on (Date) 6/13/16. I hereby certify that, to the best of my knowledge, the following (or attached) is a complete and accurate list of all abutting property owners whose properties touch at any point the owner's property, included in whole or in part in the ordinance for rezoning stated above. I obtained said list by looking up the tax codes and abutting property owners on the records and/or plat maps in the office of the Assessor and receiving a printout of the current owners of record and their most recent mailing addresses as listed on the records in the office of the Treasurer of Vanderburgh County on (Date) 6/13/16

Letters were sent to:

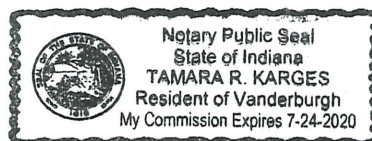
Name	Address	Tax code
Alissa Fricke Downtown Neighborhood Assoc	329 Main St, Suite 20 47708	
Punker's LLC	215 NW MLK JR BLVD 47708	02 00 30 029 038,010-029
Phillip + Wendy Thorson	9075 Mottett Ln 47725	02 00 30 029 038,004-029
James + Patricia Wadlington	820 SE 8th St 47713	02 00 00 021 072,00 029
Robert + Patricia John	319 NW MLK JR BLVD, 47703	02 00 30 029 038,01-029
"	"	02 00 30 029 038,01-029
Delimuz, LLC	220 NW 3rd St 47708	02 00 30 029 047,001-029
"	"	02 00 30 029 047,001-029

The letters were sent CERTIFIED MAIL, RETURN RECEIPT SERVICE. The green receipts **AND ONE SAMPLE LETTER** are attached.

Kurt Eckert
Affiant's signature (Petitioner, attorney, or representative)

Subscribed and sworn to before me, a Notary Public in and for said County and State this 13th day of June, 2016.

Tamara R. Karges
(Notary Public)

My Commission expires: 7-24-2020Residence of Notary: Vanderburgh County, Indiana

RECEIVED

JUL 28 2016

AREA PLAN COMMISSION

NOTE: THIS AFFIDAVIT MUST BE FILED IN THE OFFICE OF THE AREA PLAN COMMISSION BY NOON THE TUESDAY BEFORE THE AREA PLAN COMMISSION MEETING.

AUG 09 2016

Anna Winkler
CITY

CITY REZONING NOTIFICATION NOTICE

**** NOTICE OF PUBLIC HEARING ****

FOR AMENDMENT OF THE COMPREHENSIVE ZONING ORDINANCE
OF THE CITY OF EVANSVILLE

DATE: 6-13-2016

RE: Petition for Rezoning
Docket numbers:

Dear: Robert + Patricia John

This letter will serve notice to you of scheduled hearings of a petition for amendment of the Comprehensive Zoning Ordinance which has been filed with the Area Plan Commission of Evansville and Vanderburgh County.

This proposed amendment is to allow a change in zoning from: C-4
to: C-2

on the property located at: 706 COWART ST, EVANSVILLE IN 47708

Legal description: Stockwells Enlargement Block 19 Lots 22, 23 - 1

AREA PLAN COMMISSION hearing to be held in Room 301 (City Council Chambers), City-County Administration Building, Civic Center Complex, Evansville, Indiana. Hearing to be held at 4:00 p.m. on Thursday, August 11, 2016.

CITY COUNCIL hearing to be held in Room 301 (City Council Chambers), City-County Administration Building, Civic Center Complex, Evansville, Indiana. Hearing to be held at 5:30 p.m. on Monday, September 12, 2016.

Sincerely,

If you have any questions, please contact me at: (479) 414-5739

RECEIVED

JUL 28 2016

AREA PLAN COMMISSION

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <u>Dunkers LLC</u>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4 [®]	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <u>Philip McWendy Thorsen</u>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4 [®]	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <u>DeLi Muz LLC</u>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4 [®]	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <u>James C. Patricia Wallington</u>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4 [®]	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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CERTIFIED MAIL[®] RECEIPT
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Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <u>Robert + Patricia John</u>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4 [®]	

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <u>Alissa Fricke Downtown Neighborhood Assoc.</u>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4 [®]	

RECEIVED
JUL 28 2016
AREA PLAN COMMISSION

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Patricia John
319 NW MLK Jr Blvd
Evansville, In 47708



9590 9401 0154 5234 7657 79

2. Article Number (Transfer from service label)

7015 3430 0000 4387 9891

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Blue*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

B VanZant

C. Date of Delivery

6-14-16

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James C. Patricia Wadlington
820 SE. Eighth St.
Evansville, In 47713



9590 9401 0154 5234 7657 62

2. Article Number (Transfer from service label)

7015 3430 0000 4387 9884

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Wadlington*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Philip M. Wendy Thorson
9075 Moppett Ln
Evansville, In 47725



9590 9401 0154 5234 7657 48

2. Article Number (Transfer from service label)

7015 3430 0000 4387 9860

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wendy*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p><i>Deli Muz LLC</i> <i>220 NW 8th St.</i> <i>Evansville, IN 47708</i></p>		<p>B. Received by (Printed Name)</p> <p><i>T. Karas</i></p>	<p>C. Date of Delivery</p> <p><i>6-14-16</i></p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7015 3430 0000 4387 9877</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>Barcode: 9590 9401 0154 5234 7657 55</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p><i>Punkers, LLC</i> <i>215 NW MLK Jr Blvd</i> <i>Evansville, IN 47708</i></p>		<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>6-14-16</i></p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7015 3430 0000 4387 9853</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>Barcode: 9590 9401 0154 5234 7657 31</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

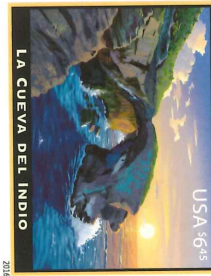
706 Court Street
Evansville, IN 47708
**RETURN SERVICE
REQUESTED**

7015 3430 0000 4387 9907



CERTIFIED MAIL®

ALISSA FRICKE
DOWNTOWN NEIGHBORHOOD ASSOCIATION
329 MAIN ST., SUITE 20
EVANSVILLE, IN 47708



*NEC
826
6-14-16*

NIXIE 402 DE 1 0007/07/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 47708192899 *3070-06507-13-45

Affidavit

PROOF OF PUBLICATION OF LEGAL ADVERTISEMENT

Account Number: EXE73 / 120181

**STATE OF INDIANA
VANDERBURGH COUNTY**

Attach
Publication
Here

I Mary Stephenson who being sworn,
is employee of the **Evansville Courier Company**, publisher of **The Evansville
Courier** a daily newspaper published in the city of Evansville, in said county and
state and that the legal advertisement, of which the attached is a true copy, was
printed in its issues of:

Ad ID: 1300807

RE: ORDINANCE NO. R- 2016-19 TAX EC-Evansville Courier & Press 10/07/16 Fri
CODE(S)

CITY CLERK

AD: 1300807

RECEIVED

OCT 11 2016

Anna Winkler
CITY CLERK

Signed

Date

Subscribed and sworn to before me this date:

Date

Notary is Resident of **Vanderburgh County**

My Commission expires:

91 lines @ 1 time(s) = \$396.00

PAID



10-7-16

Julia Andrea Kastle

Notary Public

10-11-2020

ORDINANCE NO. R-2016-19
TAX CODE(S) 82-06-30-029-
038.005-029

PETITIONER: DELI MUZ, LLC
AN ORDINANCE TO REZONE
CERTAIN REAL ESTATE IN THE
CITY OF EVANSVILLE, STATE
OF INDIANA, MORE COMMON-
LY KNOWN AS 706 COURT
STREET, EVANSVILLE, IN 47708
BE IT ORDAINED BY THE COM-
MON COUNCIL OF THE CITY
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FOLLOWS, TO WIT:

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G-82-51, being the Municipal
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by making certain changes in
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the following described real
estate located in the City of
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Stockwells Enl Block 19 Part
22, 23-31

by changing the zoning clas-
sification of the above-de-
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Section 2. The Director of
the Area Plan commission of
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nance, to cause the change to
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nance, and to make notation in
ink thereon of reference to the
number of this ordinance and
the date of final publication
of the amendatory ordinance
after it passage and approval;
however, failing to do so shall
not invalidate this Ordinance.

Section 3 This ordinance shall
be in full force and effect from
and after its passage by the
Common Council, its approval
by the Mayor, and its publica-
tion as required by law, which
publication is now ordered.

Passed by the Common Coun-
cil of Evansville, Indiana, on
this 12th day of September,
2016.

Missy Mosby, President

ATTEST

Laura Windhorst,
City Clerk

Presented to me, the under-
signed, City Clerk of the City
of Evansville, Indiana, to the
Mayor of said city, the 13th day
of September, 2016.

Laura Windhorst, City Clerk

Having examined the forego-
ing Ordinance, I do now, as
Mayor of the City of Evansville,
Indiana, approve said Ord-
nance, and return same to the
City Clerk this 15th day of Sep-
tember, 2016, at 10 o'clock am
Lloyd Winnecke
Mayor of the City of Evansville,
Indiana

THIS INSTRUMENT PREPARED
BY: Kurt Elkert
(Courier & Press October 7,
2016)hspaxlp